

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO
10/ 560584

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2	1		1			
3	1		1			
4						
5						
6						
7						
8						
9						
10						
11						
12	1		1			
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24			9			
25			9			
26			9			
27			9			
28	1		1			
29	1		1			
30	1		1			
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			72			
TOTAL CLAIMS			77			